

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5-30-08
Case #: 16-18079
County: CASS

Address: 350 SOUTH 1100 EAST
PERU, IN

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ Lithium/Ammonia Reaction(s): OPEN AIR
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Flammable Solvents: _____
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: OPEN AIR
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☒ Corrosive Base: OPEN AIR
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: MIAMI/NEW WAVERLY

Fax: 574-753-6205

Health Department: CASS CO.

Fax: (574) 753-7039

Child Protection Service: N/A

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: JASON FAULSTICH Phone 1-800-552-2959

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.